PTO/SB/08A (04-03)

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Sheet 1

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

| Complete if Known      |                  |  |  |
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| Application Number     | 10/007,364       |  |  |
| Filing Date            | November 5, 2001 |  |  |
| First Named Inventor   | Aaron V. Kaplan  |  |  |
| Art Unit               | 3731             |  |  |
| Examiner Name          | Julian W. Woo    |  |  |
| Attorney Docket Number | 0313-0003.01     |  |  |

**U. S. PATENT DOCUMENTS** Examiner Document Number Publication Date Name of Patentee or Pages, Columns, Lines, Where Initials' MM-DD-YYYY Relevant Passages or Relevant Applicant of Cited Document Number-Kind Code<sup>2 (I known)</sup> Figures Appear <sup>US-</sup> 4,579,348 04-01-1986 Jones <sup>US-</sup> 5,800,414 09-01-1998 Cazal US-US-US-211 US-US-US US-IIS. US-US-UŞ-211 US-US-ŪS-US

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| Examiner<br>Initials*   | Cite<br>No. | Foreign Patent Document | Publication<br>Date        | Name of Patentee or<br>Applicant of Cited Document | Pages, Columns, Lines,<br>Where Relevant Passages |   |
| Country Code <sup>3</sup> "Number <sup>4</sup> "Kind Code <sup>8</sup> (if known) | MM-DD-YYYY  |                         | Or Relevant Figures Appear | T  |   |   |
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| Examiner  | Q 1.   | 115 110   | Date       | <i>a</i> |
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| Signature | Virtan | 111, 1100 | Considered | 9-20-04  |

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Complete if Known Substitute for form 1449/PTO Application Number 10/007,364 Filing Date November 5, 2001 INFORMATION DISCLOSURE First Named Inventor Aaron V. Kaplan STATEMENT BY APPLICANT Art Unit 3731 (Use as many sheets as necessary) Examiner Name Julian W. Woo Attorney Docket Number 0313-0003.01 of 1

U. S. PATENT DOCUMENTS Name of Patentee or Pagea, Columns, Lines, Where Cite No. Document Number Publication Date Examiner Relevant Passages or Relevant MM-DD-YYYY Applicant of Cited Document Figures Appear Number-Kind Code<sup>2 (I know)</sup> US- 4,759,348 07-26-1988 Cawood US-US-UŞ US-US-US-US UŞ-US-ÜS-US-US-US US US-UŞ-

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| Signature | tulian. M. Moo | Considered 9-20-04 |   |

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